2018

Plumas County Community Oral Health Improvement Plan

Contents

I. Executive Summary

This Oral Health Improvement Plan was created in conjunction with a small, diverse oral health coalition and an outside contractor in order to determine the oral health needs of Plumas County, create a plan to address those needs, and to the supply justification to the California Department of Public Health Office of Oral Health to provide funding for the plan.

The yearlong planning process employed several methods of data gathering: Key Informant Interviews, Parent Surveys, Data Mapping, and facilitator-run Environmental Scan, Situational Assessment, and Driving & Resisting Forces exercises. Through the planning process, it found that children, low-income adults, pregnant women homebound elders, and disabled individuals in Plumas County are the most adversely affected by poor oral health and decay, and are to be considered priority populations. While there are sufficient number of private practice dentists in the area, there are not enough providers for low-income residents who cannot afford private insurance, and for children in need of sedation services. Plumas County residents, especially the priority populations, also lack comprehensive understanding of their role in oral disease prevention for themselves and their children.

In order to address these issues, county residents and agencies need to mobilize to create a local system's change. In order to do this, it is recommended to:

- Increase capacity by recruiting and maintaining additional Oral Health Coalition partners
- Increase the number of providers accepting Medi-Cal/Denti-Cal patients by recruiting and work with legislators to improve reimbursement rates
- Increase the number of dental and medical providers who collaborate on oral health for underserved residents by convening them together and providing education and incentives
- Increase parent and community understanding of the importance of oral health by providing school-based sealant and fluoride programs, educational outreach coordinated with specific community programs with high-risk clientele, and creating a media plan for partners to provide consistent oral health messaging across the county.

In Plumas County there is limited quantitative available data on the incidence of oral disease, and therefore most of the data provided is qualitative.

II. Introduction

Background

The California Department of Public Health, Oral Health Program (CHDP/OHP) granted funds to the Plumas County Public Health Agency (PCPHA) from Prop 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016.[1] The purpose and goal of the program is to educate about local oral health, dental disease prevention, and linkage to treatment of dental disease, including dental disease caused by the use of cigarettes and other tobacco products. PCPHA will work with the Plumas County Oral Health Coalition to implement strategies recommended in the California Oral Health Plan[2] and will establish or expand upon existing Local Oral Health Programs (LOHP), including education, dental disease prevention, linkage to treatment, surveillance, and case management.

Coalition

The Plumas County Oral Health Coalition is dedicated to improve the landscape of oral health by leveraging our potency as a group to assess, strategize, and address the needs in our communities through programmatic work and advocacy for polices, laws, and funding.

In order to facilitate the creation of a robust and diverse Oral Health Coalition, PCPHA started recruitment by reaching out to the previous oral health coalition, which was in existence over 10 years ago and then invited partners from multiple sectors of work in Plumas County, whose clients and populations are greatly affected by adverse oral health conditions. Invitations were sent out directly in the mail, e-mail, verbally, through the 20,000 Lives updates, and with social media advertisements in order to include any parties interested in oral health work in Plumas County. The recruitment was open to three levels of participation:

1) Steering Committee. Participants committed to 2 half days of in-person work groups, 3 in-person working lunch meetings, and remotely provided feedback on

[1] Legislative Analyst's Office. (July, 2016). *Proposition 56 Cigarette Tax to Fund Healthcare, Tobacco Use Prevention, Research, and Law Enforcement: Initiative Constitutional Amendment and Statute.* Retrieved March 3, 2018 from http://www.lao.ca.gov/ballot/2016/Prop56-110816.pdf

[2] California Department of Public Health. (2018). California Oral Health Plan. Retrieved March 3, 2018 from https://www.cdph.ca.gov/Documents/California%20Oral%20Health%20Plan%202018%20FINAL%201%205%202018.pdf

draft assessment and planning documents in order to assess the landscape of Oral Health in Plumas County and create an Oral Health Improvement Plan.

2) Remote Feedback Group. Participants provided feedback remotely on assessment and planning documents after they were compiled from the Steering Committee's work group sessions and participated on surveys or interviews as needed.

3) Coalition. It is planned that participants will connect and collaborate on oral health efforts throughout the county on an on-going basis.

Many community partners responded to the open invitation to on-going collaboration, and a small group of dedicated individuals from multiple sectors participated in the Steering Committee. The programs represented in the Steering Committee are PCPHA Oral Health and Family First, Sierra Cascade Family Opportunities, Dr. Gregory Sawyer, DDS, Plumas County Child Protective Services, First 5 Plumas, Eastern Plumas Health Care, and Plumas District Hospital and Clinic.

Recruitment of the coalition is continual and membership is open to all individuals and organizations dedicated to furthering the work of oral health in Plumas County with intentional targeting of agencies and programs who serve high risk populations.

Overview of Planning Process

The Plumas County LOHP contracted Ellis Planning Associates Inc. to conduct an intensive collaborative planning process by engaging the Plumas County Oral Health Coalition and other stakeholders in the following process:

1. **Design Team.** To coordinate the overall planning process, Ellis Planning Associates Inc. facilitated weekly meetings with four key representatives from the Plumas County LOHP. This team provided input into the development of research methods as well as the design of facilitated workshops.

2. **Data Collection**. The data collection process consisted of three elements: a survey of stakeholders, a map of existing archival data, and a parent survey. The methods and findings from the data collection were compiled in the Plumas County Oral Health Needs Assessment.

    a. Stakeholder Survey. Fourteen community stakeholders (e.g., private practice dentists, representatives from community and health

organizations, dental clinics, and preschool and school district employees) completed an online survey (one was completed via phone interview). The goal of the survey was to engage community stakeholders to provide qualified professional expertise in dental public health for LOHP direction, coordination, and collaboration. The objectives of the survey were to: 1) Evaluate the oral health assets, resources, and areas for growth; 2) Identify oral health activities, networks, and additional partners; and 3) Assess the level of interest in participating in an oral health advisory committee. (See Appendix A. Stakeholder Perspectives Summary Findings)

b. Local Oral Health Program Data Map. The Data Map is a tool developed to understand the oral health landscape in Plumas County. Local available data was collected from local, state, and online sources and compiled in the Data Map. The goal of the Data Map is to assist the county with identifying priority focus areas, the need for additional data collection, and benchmarks for improving oral health in the county. (See Appendix B. Data Map)

c. Parent Surveys. Just under 300 surveys were from parents at local preschool and elementary school sites. These surveys assessed general demographics, dental insurance coverage, dental visits, current and prior caries experience, oral health hygiene practices, and relevant nutritional and oral health literacy of parents. The goal of the Parent Surveys was to collect primary data where gaps were identified from the Data Mapping process. (See Appendix C. Parent Survey Summary Findings Handout)

3. **Identification of Mission, Vision, and Guiding Principles.** Once data was analyzed to provide an initial picture of the oral health landscape in Plumas County, the Coalition met for a half day facilitated workshop by Ellis Planning Associates Inc. in March 2018 to identify the LOHP's mission, vision, and guiding principles.

4. **Environmental Scan and Identification of Goals, Strategies and Indicators.** A second workshop was facilitated by Ellis Planning Associates Inc. with the Coalition in May 2018 to conduct an Environmental Scan, consisting of both a Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis derived from the data, then a prioritization exercise, called a "Force Field Analysis." The Force Field Analysis narrowed down the most important driving and restraining forces impacting the Coalition's ability to achieve the LOHP's vision. These exercises

provided the information needed to come up with the broad goals the Coalition participants identified in a consensus process that were key to setting the course for the program. Once the goals were identified, the Coalition participated in a small group exercise to identify specific strategies and indicators for each goal.

5. **Logic Model Development and Evaluation Plan.** Equipped with all the input from the workshops, Ellis Planning Associates Inc. then created a program logic model that identified the overall goals and strategies, then mapped expected short-term and long-term outcomes that would achieve the impact of sustained positive oral health for all residents of Plumas County. The outcomes from the logic model provided the basis of the program's evaluation plan, which identified short and long-term outcomes, indicators, measurement tools, data collection and data analysis methods. (See Section V: The Logic Model)

6. **Action Plan.** During the working lunches, the Steering Committee utilized the Logic Model developed from the half-day workshops with Ellis Planning and Associates to create an Action Plan. Strategies were broken down into activities with responsible parties, deliverables and time lines attached. That (See Section VII: The Action Plan)

III. Mission, Vision, Guiding Principles

The LOHP Design Team (see above) drafted three Mission Statement options and used an online survey to gain Coalition input. A draft was then presented at the initial Coalition planning workshop where it was reviewed and revised. The Vision and Guiding Principles were developed through a variety of collective decision-making workshop methods. The method to develop the Vision statement, called "1-2-4-ALL," gave the opportunity for participants to reflect individually, then in pairs, then with their table, and finally the whole group where final decisions on the draft were made. The Guiding Principles were drafted using the "Consensus Workshop Method," which used a sticky wall to view ideas that were individually brainstormed and collectively organized into clusters until the final principles could be articulated (see photo below).

Mission

To improve oral health care by promoting, educating, and expanding access to oral health services for all Plumas County.

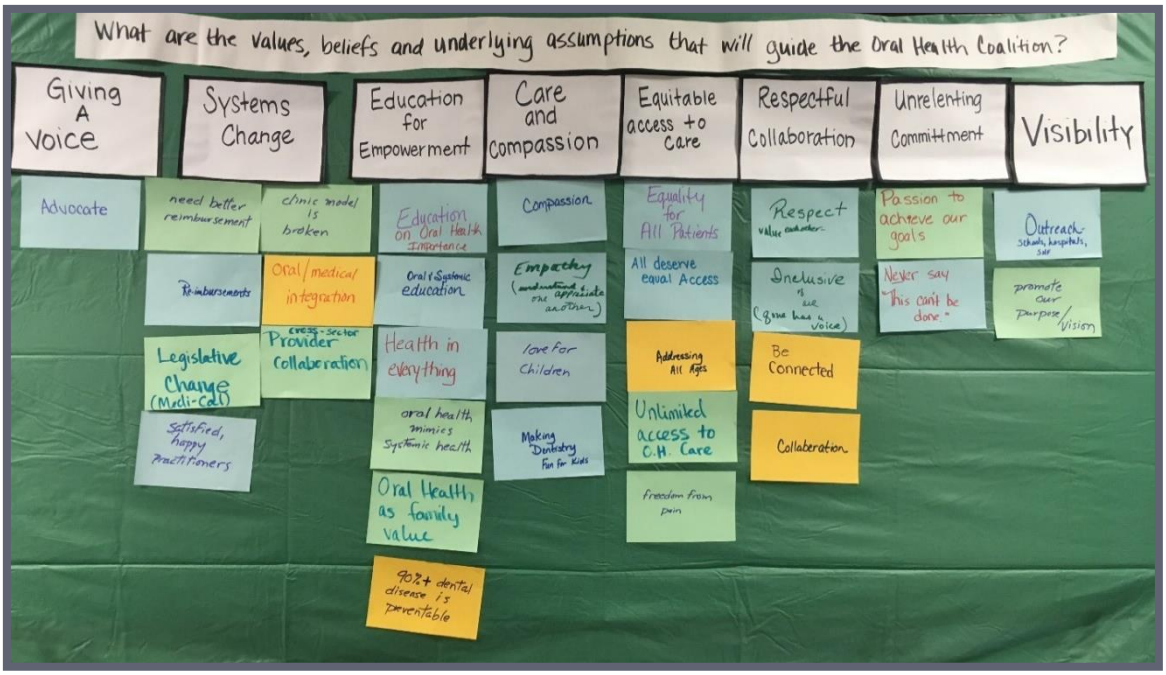
Vision

All Plumas County residents have comprehensive oral health care and are educated to value and improve overall health for themselves and future generations.

Guiding Principles

In a consensus workshop, the Coalition identified their values, beliefs, and underlying assumptions that will guide the LOHP. The results are as follows and drafted into Guiding Principle Statements.

Guiding Principles	Guiding Principle Statements
Giving a Voice.	We advocate for the health of our residents by speaking out for equitable oral health resources and providing tools to community members for self-advocacy.
Systems Change.	We believe that to ensure access to oral health care, legislative and systems change is necessary to not only offer fair reimbursement for services, but for the oral health needs to be integrated more fully into the overall health care system.
Education for Empowerment.	Since 90% of dental disease is preventable, we understand how critical community education is in increasing the health literacy of our residents to empower them to make healthy choices.
Care and Compassion.	We are committed to expanding oral health care access because of our love and compassion for children and their families.
Equitable Access to Care.	We believe oral health care is a right for residents and access must be ensured for anyone, regardless of socio-economic status.
Respectful Collaboration.	Our Coalition is inclusive. We respect and encourage everyone's voice and participation. We believe that only through collaboration can we make an impact on the health of the community.
Unrelenting Commitment.	We are passionate about achieving our goals and will never say "this can't be done."
Visibility.	To promote our purpose and vision, we commit to being highly visible in our community's institutions and neighborhoods.



IV. Needs Assessment Summary Findings

Ellis Planning Associates Inc. presented the research findings from the Stakeholder Survey, Data Map, and Parent Survey to the Coalition at two planning meetings in March and May 2018. The Coalition members were engaged in facilitated group discussions for their expertise and perspectives on the findings. The findings were compiled in a full and comprehensive needs assessment report titled the, "Plumas County Oral Health Needs Assessment." Below are the topline summary findings from the report. (See Appendix A. Stakeholder Perspectives Summary Findings, Appendix B. Data Map, and Appendix C. Parent Survey Summary Findings Handout)

Burden of Oral Disease

According to local stakeholders, oral disease is largely uncontrolled and could be considered a silent disease in Plumas County. Poor oral health and decay is seen in children, low-income adults, pregnant women, homebound elders, and the disabled, who could be considered priority population groups for local oral health program efforts. Children with oral disease have had difficulties learning and frequent absences in schools. Poor oral health has also affected low-income adults who have had to deal with tooth loss. In Plumas County, there is limited available data on the incidence of oral disease among adults in general, as well as underserved and vulnerable adult population groups that is not aggregated with several other counties. However, the LOHP was able to collect

the following data through mapping available secondary data and conducting original surveys:

- According to Plumas County parents who responded to a survey administered through schools and preschools, over half of their children have had dental cavities in their lifetime (55%), with 20% of children currently having cavities (n=296).
- The PCPHA Healthy Smiles preschool- and school-based dental screenings found 38% of children with dental decay, with almost a quarter with early decay (24%), 10% with moderate decay, and 4% with urgent decay (n=192).
- Less than one-third of Plumas County parents surveyed report having un-treated dental issues (27%) (n=189).
- From 2012-2014, the smoking prevalence in Plumas County was almost twice the state average (20.5% of adults in Plumas vs. 12.7% of adults in California).
- The preventable dental emergency room visits in Plumas county is three times the state average.

Access to Oral Health Care, Education and Prevention

According to local stakeholders, there are a sufficient number of private practice dentists to meet the needs of residents with private insurance or for those who can afford to pay out of pocket; however, there are not enough providers for low-income residents and for children with critical care needs (e.g., no oral sedation services for children). With limited care options, many residents must travel outside of the county for restorative dental care or wait for months to get in to see a dentist at some clinic sites. Based on the objectives of the California Oral Health Plan, Plumas County is lacking data on the number of children with dental sealants, as well as dental visits during pregnancy and for people with diabetes.

- Plumas County has 15 private practice dentists (3 accepting Medi-Cal/Denti-Cal), and 3 community health centers (privately funded).
- According to parents surveyed, 89% of children in Plumas County had a dental check-up in the last year (n=296). It is not noted if the check-up was a school-based program or if it was at a dental office. Almost three-fourths of children who did not have a dental visit were enrolled in Medi-Cal/Denti-Cal (74%) (n=34). According to the Department of Health Care Services, more than half of children (aged 0-20) with Medi-Cal in Plumas County did not have a preventative visit in 2015-16 (59%), which is slightly lower than the state average.

- Most Plumas County parents surveyed reported they have a regular dentist (83%) (n=239); however, for those without a dental home, almost two-thirds were enrolled in Medi-Cal/Denti-Cal (60%) (n=40). Additionally, more than three-fourths of parents surveyed had a dental check-up in the last year (77%) (n=239). For those who did not have a dental visit, 49% were enrolled Medi-Cal/Denti-Cal, 30% had private insurance, and 19% had no insurance.
- There are multiple dental health education and oral disease prevention programs in Plumas County that can be leveraged, especially for perinatal mothers, families, children, and young adults (e.g., 3 community health worker and home visiting programs and school-based dental programs).

Oral Health Knowledge, Attitudes, and Behaviors

Stakeholders believe that overall residents lack comprehensive understanding of the risk and their role in the prevention of oral disease for themselves and for their children. Lower socio-economic populations do not have as much knowledge and ability to maneuver through the system. Some may be unaware of the benefits they may qualify for, while others who do not qualify for Medi-Cal might be unwilling to pay for dental care out of pocket. Continued and expanded educational programs are needed for low-income residents, pregnant women using WIC, and in schools for parents and young children. More data is needed on the knowledge, attitudes, and behaviors of Plumas County residents, especially low-income adults, and perinatal women.

- The Plumas County Parent Survey found that over 80% of parents surveyed understood the causes of tooth decay from food and beverages. On the other hand, parents were less confident about the fact that adults who have cavities can pass tooth decay germs to their children.
- Almost all of the parents surveyed indicated that their oral health is "important" or "very important" to them (99%) (n=239).
- The Parent Survey found that just under half of the parents (with children aged 0-8 years, or K-3rd Grade) help clean or brush their child's teeth or gums twice a day (49%) (vs. 23% once a day, 17% 2-3 times per week, and 6% never) (n=193).
- According to the Parent Survey, most preschool-age children in Plumas County usually drink water (85%), milk (65%), or juice (56%) in their bottle or cup (n=93). Parents indicated that almost one-tenth of their preschool children drink soda in their bottle or cup (8%) (n=93). Similarly, most elementary-school children in Plumas County also drink water (98%), milk (70%), and Juice (53%), while 15% drink soda (n=203).

- Almost three-fourths of preschool children frequently ("whenever they want") drink juice in their bottle or cup (73%), while less than one-tenth frequently drink soda (8%) (n=52).

V. Environmental Scan

After reviewing the updates to the Stakeholders Perspectives Summary (Appendix A) and the Plumas County Data Map (Appendix B), the Coalition identified and prioritized the key driving and restraining forces affecting their ability to achieve their vision (listed in the chart below in priority order).

Driving Forces	Resisting Forces
1. Existing Oral Health Education & Outreach Programs 2. Existing Home Visiting & Case Management Programs 3. Local DDS Champion (Dr. Sawyer) 4. Collaborative Relationships 5. Screening & Varnish Programs	1. Medi-Cal Fee-For-Service System 2. Limited Access to Medi-Cal/Denti-Cal Providers 3. Lack of Integration of Health and Oral Health 4. No Oral Sedation Services for Children 5. Lack of Pediatric Dentists 6. Apathy of Parents

VI. Logic Model

Situation Assessment

The following challenges and assets were taken into consideration when developing the program logic model.

Situation Assessment

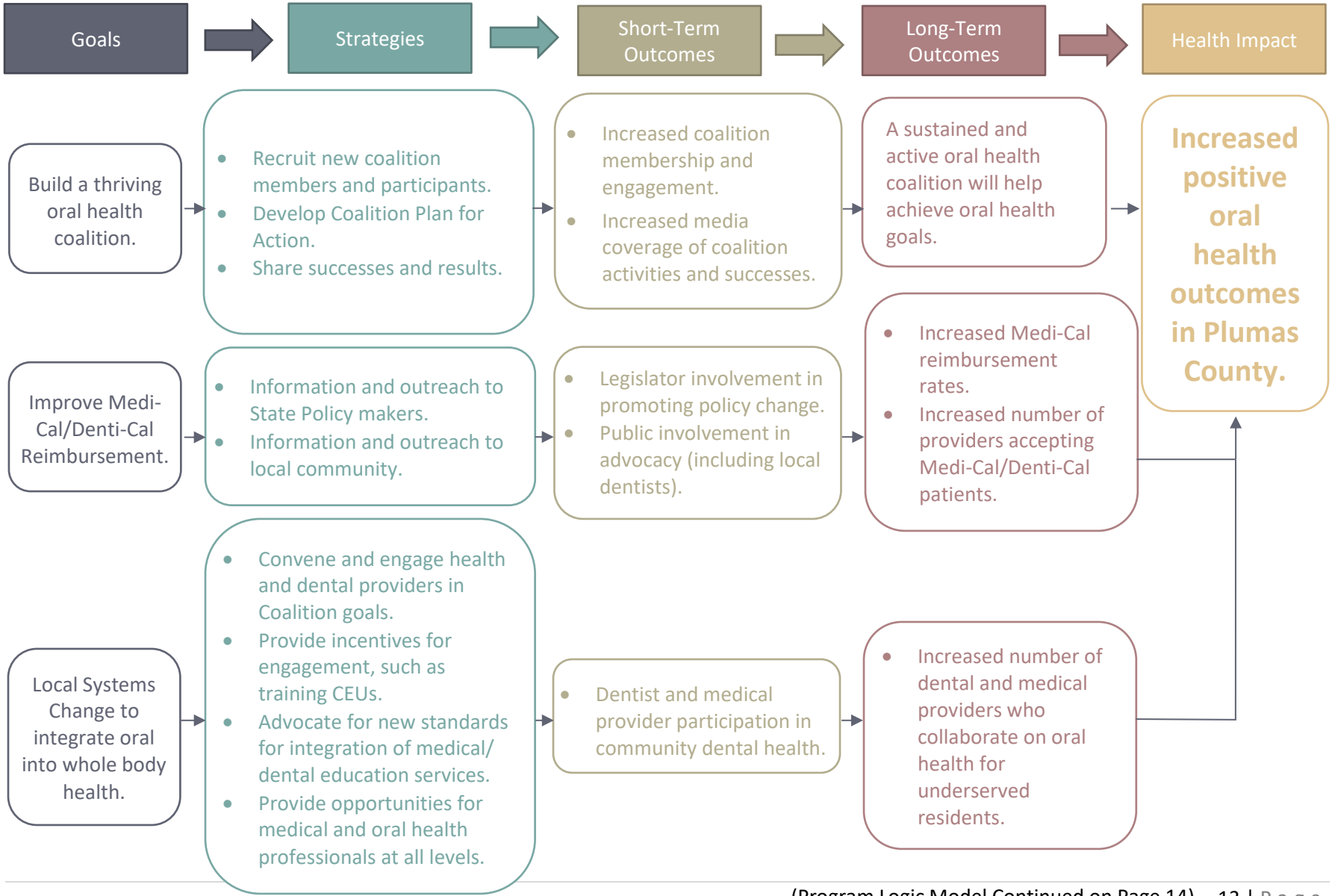
Challenges:

- Medi-Cal fee-for-service system.
- Limited access to Medi-Cal/Denti-Cal providers.
- Challenges with recruiting and retaining Medi-Cal/Denti-Cal providers and staff.
- Fluctuations in Medi-Cal provider's ability to accept new patients.
- Medi-Cal fee for service (FFS) payment and delivery system.
- Lack of integration of health and oral health.
- No free community clinics.
- No oral sedation services for children.
- Lack of pediatric dentists.
- Lack of prioritization of parents.
- Lack of engagement among providers, community organizations, government and individuals.
- Stakeholders need more knowledge about the existing programs and services for community referrals.
- Limited data.

Community Assets:

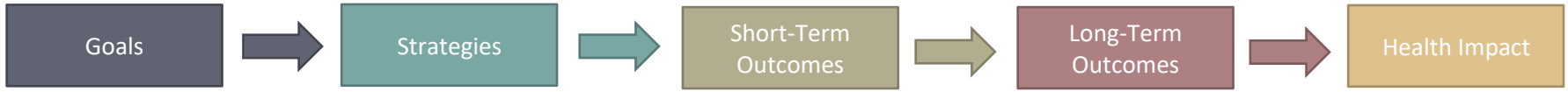
- Many high-quality private dentists in Plumas County.
- Local dental Champion.
- Several community dental clinics.
- Existing oral health education and outreach programs.
- Screening and varnish programs in the schools.
- Existing home visiting and case management programs.
- Collaborative relationships.

Program Logic Model



(Program Logic Model Continued on Page 14)

(Program Logic Model Continued from Page 12)



Enhance oral health through community education and promotion.

- Promote oral health with preventative health checkups for at risk populations.
- Outreach and education to specific community programs.
- Development of media/outreach plan for Coalition.

- Participation in oral health issues by community programs and organizations.
- Community programs and organizations increase their referrals to oral health services.

- Increased oral health literacy among Plumas County residents.
- Increased numbers of children who visit a dentist by the age of one.

(See Health Impact, p. 6)

VII. Evaluation Plan

As the basis for the evaluation plan, the Design Team identified specific evaluation methods to measure progress on the outcomes identified by the logic model. The following Evaluation Matrix identifies the indicators, evaluation instruments (or data sources), data collection and management procedures, and analysis and reporting systems for each short-term and long-term outcome.

Evaluation Matrix

Goal One: Build a thriving oral health coalition

INTENDED OUTCOMES	METHODOLOGY			
	Indicators	Instruments/ Data Sources	Data Collection/Management	Analysis & Reporting
FORMATIVE (PROCESS) OUTCOMES				
Increased coalition membership and engagement.	Attendance at meetings. Partnership Agreements	Sign-in Sheets. MOUs/Partnership Agreements.	Staff will keep files of all sign-in sheets and MOUs/Partnership Agreements.	Descriptive statistics reported annually.
Increased media coverage of coalition activities and successes.	Increase in media coverage from baseline.	Media Tracking Log.	Staff will keep all media coverage documented in the Media Tracking Log.	Descriptive statistics reported annually.

INTENDED OUTCOMES	METHODOLOGY			
	Indicators	Instruments/ Data Sources	Data Collection/Management	Analysis & Reporting
LONG-TERM OUTCOMES (actions, behaviors)				
A sustained and active oral health coalition will help achieve oral health goals.	Increase in numbers of coalition and of sector representative from baseline. Coalition member engagement outside of meetings.	Coalition Activity Log. Coalition Satisfaction and Engagement Survey.	Staff will maintain a log of Coalition member activity and will monitor quarterly. Coalition Survey disseminated annually.	Descriptive statistics reported annually.

Goal Two: Improve Medi-Cal/Denti-Cal reimbursement.

INTENDED OUTCOMES	METHODOLOGY			
	Indicators	Instruments/ Data Sources	Data Collection/Management	Analysis & Reporting
FORMATIVE (PROCESS) OUTCOMES				
Legislator involvement in promoting policy change.	Verbal or written commitment from legislators to specific actions to support policy changes.	Documented commitments.	Staff will keep files of all meeting records from legislator visits.	Descriptive statistics reported annually.

INTENDED OUTCOMES	METHODOLOGY			
	Indicators	Instruments/ Data Sources	Data Collection/Management	Analysis & Reporting
Public involvement in advocacy (including local dentists).	Public/local dentists report specific actions to support policy changes	Documented commitments.	Staff will maintain a log of public involvement in advocacy.	Descriptive statistics reported annually.
LONG-TERM OUTCOMES (actions, behaviors)				
Increased Medi-Cal reimbursement rates.	Legislative action to increase reimbursement rates.	Policy Record.	Staff will monitor legislative policy activity.	Descriptive statistics reported annually.
Increased number of providers accepting Medi-Cal/Denti-Cal patients.	Increase in number of providers accepting Medi-Cal patients.	Phone survey of providers.	Baseline phone survey of providers and follow-up at 5 years.	Descriptive statistics reported by the end of second year and end of five years.
Increased Medi-Cal reimbursement rates.	Legislative action to increase reimbursement rates.	Policy Record.	Staff will monitor legislative policy activity.	Descriptive statistics reported annually.

Goal Three: Local Systems Change to integrate oral into whole body health.

INTENDED OUTCOMES	METHODOLOGY			
	Indicators	Instruments/ Data Sources	Data Collection/Management	Analysis & Reporting
FORMATIVE (PROCESS) OUTCOMES				
Dentist and medical provider participation in community dental health.	Increased numbers of local dentists and medical providers active on the coalition.	Coalition meeting attendance records.	Staff will keep a log of coalition participation.	Descriptive statistics reported annually.
LONG-TERM OUTCOMES (actions, behaviors)				
Increased numbers of Dental and medical providers who collaborate on oral health for underserved residents.	Increased number of local dentists and medical providers collaborating with health providers to improve referrals and integrate oral into whole body health.	Reports from dental/medical ambassadors to coalition meetings.	Staff will conduct annual reviews of coalition meeting records to assess the number of dentists acting as ambassadors to the medical community.	Descriptive statistics reported annually.

Goal Four: Enhance oral health through community education and promotion.

INTENDED OUTCOMES	METHODOLOGY			
	Indicators	Instruments/ Data Sources	Data Collection/Management	Analysis & Reporting
FORMATIVE (PROCESS) OUTCOMES				
Implementation of media/outreach plan for coalition	Oral health education and promotion will be printed and distributed throughout the county.	Log of outreach efforts.	Staff will maintain outreach log.	Descriptive statistics reported annually.
LONG-TERM OUTCOMES (actions, behaviors)				
Parents and community members will understand the importance of oral health care and the prevention of dental disease	Increased number of parents indicating they have a regular dentist	Survey of providers and programs to assess integration of oral health education and promotion. Survey of parents and community members	Staff will conduct surveys of parents community members.	Descriptive statistics reported by the end of second year and end of five years.

VIII. Action Plan

Goal 1: BUILD A THRIVING ORAL HEALTH COALITION

Objective	Activity	Responsible Party	Key Milestones / Deliverables	Start/ End
By 2021, increase the number of partners engaged in the Plumas County Oral Health Coalition by 50%.	Educational visits to key community agencies/partners	PCPHA (to key dental clinics) Plumas Frist 5	Log of visits	01/2019 – 06/2022
	Create/send coalition invitation (DDS to DDS/DR)	Dr. Sawyer	Copy of Letter Log of recipients	01/2019 – 06/2019
	Create educational packets on coalition and list of recipients	Coalition	Educational Packet Materials List of intended recipients	01/2019 – 06/2019
	Assemble and distribute educational packets to chosen audiences	PCPHA	Log of packets delivered	01/2019 – 06/2019
	Create and print media invitations to coalition meetings	Coalition PCPHA	Media Invitations Created/Distributed	01/2019 – 06/2019
By 2019, Develop a coalition Action Plan	Create This Coalition Action Plan	Coalition PCPHA	Action Plan finalized	11/2018 – 01/2019
By 2020, annually develop and distribute Plumas County Oral Health Success summaries.	Write informational summaries and/or article(s) on oral health accomplishments coalition and/or its members to be shared and/or published. i.e. :Pro-bono cases by DDS, # SCFO cases, school-based #s, Where I stand, local activities	Coalition	Summaries and Article(s) shared and published	01/2019 – 06/2022

Goal 2: IMPROVE MEDI-CAL / DENTI-CAL REIMBURSEMENT

Objective	Activity	Responsible Party	Key Milestones / Deliverables	Start/ End
By 2022, Plumas County Oral Health Coalition members will provide input on one or more Medi-Cal/Denti-Cal legislations impacting the oral health of Californians.	Create partnerships with other county agencies or oral health coalitions and their health professionals to find common needs.	Coalition	List of partners & common needs	01/2019 – 06/2022
	Create materials/unified message to educate policy makers	Coalition	Policy Maker Ed Mats	01/2019 – 04/2019
	Contact policy makers to advocate for needs i.e. Phone Calls Visit to policy makers Delivery of materials	Coalition Plumas First 5	Log of contacts with items discussed	05/2018-06/2022
By 2022, the Plumas County Oral Health Coalition will provide one or more educational sessions on the status of Medi-Cal/Denti-Cal services to providers and consumers.	Develop and distribute educational materials to community on services.	Coalition	Materials developed	01/2019 – 06/2022
	Assemble information/packets.	PCPHA	Information distributed	01/2019 – 06/2022
	Provide education to coalition on Denti-Cal services/updates	PCPHA	Education provided	01/2019 – 06/2022

Goal 3: LOCAL SYSTEMS CHANGE TO INTEGRATE ORAL INTO WHOLE BODY HEALTH

Objective	Activity	Responsible Party	Key Milestones / Deliverables	Start/ End
By 2022, provide 4 Medical/Dental Integration trainings for local medical and dental professionals, including, but not limited to, dentists, hygienists, assistants, medical doctors, nurses, and ancillary staff.	Coordinate with hospitals and dental offices to provide information and education to whole workforce. Include time/space to educate health and dental providers on coalition goals/work. (i.e. during opening of CEU trainings)	Coalition PCPHA	Log of meetings and topics addressed	01/2019-06/2022
By 2022, provide 50 or more CEUs to both medical and dental professionals for integration training.	Annually provide CEU trainings to Dental/Medical providers.	PCPHA	List of CEUs provided and number of attendees.	01/2019-06/2022
By 2021, one or more Rural Health Clinics	Collaborate with local RHCs and/or FQHCs to help problem solve and address	Coalition PCPHA	Log of meetings and topics addressed	01/2019-06/2022

(RHCs) or Federally Qualified Health Centers (FQHCs) will implement a dental referral system initiated by Well Child Check-Ups.	the referral linkage gaps.			

Goal 4: ENHANCE ORAL HEALTH THROUGH COMMUNITY EDCATION AND PROMOTION

Objective	Activity	Responsible Party	Key Milestones / Deliverables	Start/ End
By 2021, establish four yearly elementary school-based or school-linked sealant and fluoride varnish programs.	Provide school sealant and varnish days and community oral health check-up days i.e. FRC Sports Physicals Free Community Days-Yearly Check-ups in Senior Centers Oral cancer screenings	Coalition Members/ Partners: Local DDS PDH EPHC Rancheria PCPHA (van)	Event Information with # served	01/2019-06/2022
	Create educational materials for at-risk populations on the importance of preventative check-ups. i.e. Elderly Low income families Pregnant mothers	Coalition PCPHA	Materials developed	01/2019-06/2022
By 2020, and yearly after, disseminate dental education and messaging four or more times a year to target high-risk populations through community agencies	Partner with organizations/ programs that serve high risk populations to educate and provide materials for their clientele.	Coalition Members/ Partners: Head Start Veterans Seniors	List of partners and programs outreached with/to.	01/2019-06/2022

and programs including, but not limited to, Plumas Rural Service childcare providers, Head Starts, and state and local preschools.				
By 2020, and yearly after, create a Media Plan providing consistent oral health messaging for Plumas County Oral Health Coalition and partners.	Create outreach/media plan.	Coalition	Outreach Plan	01/2019-06/2022

IX. Summary/Next Steps

In order to address all the CHIP goals and priorities, community members and organizations will need to come together with resources, and support, as it cannot be accomplished through just one entity. We plan to involve community members and organizations through in person invites and meetings, workgroups, and collaborations to increase membership and participation for the Plumas County Oral Health Coalition to collectively address the CHIP priorities in a focused effort. We will continue to seek out funding and create a sustainable infrastructure to ensure that oral health work does not stagnate if funding is reduced or eliminated. With continued collaboration, communication, and purposeful the plan as outlined, we can advance our mission that all Plumas County residents have comprehensive oral health care and are educated to value and improve overall health for themselves and future generations.

X. Acknowledgements

The development of the Plumas County Community Oral Health Improvement Plan would not have been possible without the financial support from Proposition 56 State funding, leadership from the county's Public Health Department, research and facilitation services from Ellis Planning Associates Inc., and the ongoing engagement of the Plumas County Oral Health Coalition. We would like to thank the following people who provided their time, wisdom, and experience to this effort.

Plumas County Oral Health Leadership

- Dana Cash, Health Education Coordinator
- Jessica Coelho, RDA III

Ellis Planning Associates Inc.

- Galen Ellis, MPH, President
- Jessica Lime, MA, Senior Analyst
- Shannon Eli, B.A., General Manager

Coalition Members

- Dana Cash, Plumas County Public Health Agency
- Jessica Coelho, Plumas County Public Health Agency
- Andrea Huggins, Sierra Cascade Family Opportunities
- Gregory, Sawyer, DDS, Family Dentistry and Orthodontics
- Ann Schuyler, Plumas County Social Services, Child Protective Services
- Mariana Ugarte, Eastern Plumas Health Care
- Tina Venable, Plumas County Public Health Agency, Clinic
- Ellen Vierra, First 5 Plumas
- Cindy Warner, RDHAP, Plumas District Hospital
- Lois Welch, RDH, Plumas District Hospital Dental Clinic

XI. Appendices

Appendix A. Stakeholder Perspectives Summary Findings

PLUMAS COUNTY ORAL HEALTH COALITION

Stakeholder's Perspectives: Summary Findings

Fourteen community stakeholders (e.g., private practice dentists, representatives from community and health organizations, dental clinics, and preschool and school district employees) were engaged via key informant interviews, an online survey, and through an in-person discussion at the initial Plumas County Oral Health Coalition meeting (March 2018). The charts below include a summary of the stakeholder's expertise and perspectives on the oral health priorities and community assets to inform program direction, coordination, and planning.

Oral Health Priorities

Themes	Summary Findings
Oral Health Burden	Poor oral health and decay is seen in children, low income adults, pregnant women, homebound elders, and the disabled. Poor oral health has caused: ○ Difficulty learning and frequent absences in schools, and ○ Tooth loss among low-income residents.
Access to Care	• Many high-quality private dentists in Plumas County. • Limited Medi-Cal/Denti-Cal providers and pediatric dentists. • Fluctuations in Medi-Cal provider's ability to accept new patients. • Medi-Cal fee for service (FFS) payment and delivery system means patients only get serviced one tooth at a time rather than the whole mouth, leading to emergency dentistry situations. • No free community clinics or oral sedation services for children. • Transportation and limited time are additional barriers, leading to high no show rates.

Themes	Summary Findings
	• Some residents may choose not to access care.
Education	• Oral health education in the schools, health fairs, newspapers, clinics, prenatal care (Medi-Cal), and throughout the county. • Overall, residents lack comprehensive understanding of the risks and their role in the prevention of oral disease for themselves and for their children.
Meeting Oral Health Needs for Priority Populations	• Quality programs but limited [in rural community]. • Challenges with recruiting and retaining Medi-Cal/Denti-Cal providers and staff. • Stakeholders need more knowledge about the existing programs and services for community referrals.
Need to Expand Programs/Services for Priority Populations	• Pressure legislators to improve Medi-Cal FFS payment system, reimbursement rates, and the amount of paperwork involved. • Recruitment and retention of dental providers who accept Medi-Cal/Denti-Cal (especially in towns outside of Quincy). • Oral health care services provided at alternative sites (e.g., schools or mobile clinics in high need areas). • Identify transportation, financial, and other resources for low-income residents (community-clinical linkages). • Expand successful school screening and dental sealant program within the schools and at alternative sites. • Identify school-based champions to implement oral health curriculum in the schools. Easy to understand oral health pamphlets that could be distributed to parents at schools, table clinics, etc.

Oral Health Assets and Resources

The oral health asset and resources listed below include findings from the fourteen stakeholders engaged from key informant interviews, an online survey, and from the Plumas County Oral Health Coalition to inform the Local Oral Health Program planning. This list is not a comprehensive list of the oral health community resources. For an example, the community has many private practice dental providers who are not included on this list; however, they are a critical asset to meeting the community's oral health needs. This list is to serve as a starting point for developing a more comprehensive asset map over time.

Name of Agency/ Organization	Oral Health Services/ Programs/Resources	Oral Health Data	Partnerships
Eastern Plumas Health Care (EPHC)-Dental Clinic	• Dental clinic, with 5 days available to the community (one site open Tues-Fri, the other site open Mon-Thurs). • Dental Health fair—dental staff attends and promotes the Dental Clinics available to the community, hands out flyers and toothbrushes/floss.	Access to dental providers, insurance, and practices	PCPHA
Feather River College (FRC)	• Provides space and partners with PCPHA to provide oral health screening and varnish in the early learning program. • Partners with PCPHA who provides oral health education to nursing and early learning programs. • Partners with PCPHA and PDA to provide oral exams for student athletes.		PCPHA Plumas District Hospital
First 5 Plumas	• Referrals to dental care from home visiting programs • Case management services.	Referral numbers from PUSD's	PCPHA Roundhouse Council

Name of Agency/ Organization	Oral Health Services/ Programs/Resources	Oral Health Data	Partnerships
		Kindergarten Roundup	
Plumas County Public Health Agency (PCPHA)	• Dental staff partners with PDH to provide a dental hygienist to administer screenings, fluoride varnish program, and oral health education presentations at schools and preschools. • Engage dental partners. • MCAH Family First Home Visiting Program promotes access to and provides a gateway to dental homes for families with young children. • CHDP case management who assist with CPS as needed.	Children screened with a dental home	FRC Head Start Local dental providers Medi-Cal Clinics Plumas Rural Services/WIC Plumas District Hospital Plumas Unified School District Rancheria
Plumas District Hospital (PDH)	• Community-based dental clinic. • Sees Medi-Cal/Denti-Cal patients. • Worked with PCPHA to provide screenings and fluoride varnish in schools and pre-schools. • Screenings with community college students at FRC.		PCPHA
Plumas Rural Services (PRS)	• WIC program helps establish dental care, educates pregnant women about baby bottle tooth decay, and refers clients to Medi-Cal dentists.		PCPHA

Name of Agency/ Organization	Oral Health Services/ Programs/Resources	Oral Health Data	Partnerships
Plumas Unified School District (PUSD)	• School nurses teach about brushing/flossing and provide students toothbrushes/floss, when needed. • School nurses make appointments and seek treatment for students in need of dental care. • Invite PCPHA into schools for fluoride varnish program. • Kindergarten round-up dental exams by dentists. • Services provided to each state-funded preschool and elementary school (grades K-6).	List of children referred to a dentist	Local dental providers PCPHA
Rancheria	• Dental clinic services. • Sometimes provide transportation.		PCPHA
Roundhouse Council	• Home visiting program. • Provides dental education and materials.		First 5 Plumas PCPHA Rancheria
Sierra Cascade Family Opportunities/ Head Start	• 4 sites (Portola, Quincy, Greenville, Chester) who work with families, helping to support entire family. • All children at all sites receive dental screenings within the first 45 days of school. • Free dental exam for every enrolled child.	Bi-monthly service report on dental decay # of children with insurance # of children who come in and leave with a dental home	Local dental providers PCPHA PDH

Name of Agency/ Organization	Oral Health Services/ Programs/Resources	Oral Health Data	Partnerships
	• Case management and follow-up with documentation. • Family Service Workers follow-up with parents on oral health crisis needs of children (dental issues could take up to 25% of work). • Transportation support (helps with mileage for out of town, severe cases). • Parent groups.		
Troy VanPelt, DDS	• Dental provider. • Sealant program and oral health screenings.		First 5

PLUMAS COUNTY ORAL HEALTH COALITION

LOCAL ORAL HEALTH PROGRAM DATA MAP

This Data Map is a tool to understand the oral health landscape in Plumas County. It is made up of available data from local, state, and online sources (sources cited below). The goal of the Data Map is to assist the county in identifying priority focus areas, the need for additional data collection, and benchmarks for improving oral health in the county.

Community Profile Data

Indicators	Plumas County Data	Source	California Data	Source
Population – Total – Children (0-18)	– 18,409 – 3,148	Plumas Medi-Cal Data (US Census) (2015)	– 39,536,653 – Approx. 9,170,000 (23.2%)	US Census (2017)
Race – White (non-Hispanic) – Hispanic or Latino – Asian	– 83.3% – 9.0% – 1.3% – 3.2% – 1.1% – 0.1% – 3.0%	US Census (2016)	– 37.7% – 38.9% – 14.8% – 1.7% – 6.5% – 0.5% – 3.8%	US Census (2016)

– American Indian/Alaska Native – Black or African American – Pacific Islander – Mixed Race				
Number of people living in poverty	Approx. 1,460 (12.6%)	US Census (2012-2016)	Approx. 5,653,000 (14.3%)	US Census (2012-2016)
Percent of the population on Community Water Fluoridation (CWF)	0% (No fluoridated water systems)	Safe Drinking Water Information System (2018)	63.7%	Safe Drinking Water Information System (2015)

Medi-Cal Enrollment Data

Indicators	Data	Source	California Data	Source
Managed Care Enrollment	– Children: 1,623 – Adults: 3,151 – Total: 4,774	Plumas Medi-Cal Data (C4Yourself) (June, 2016)	Total: 10,766,892	Medi-Cal Managed Care Enrollment Report, CA Department of Health Care Services (DHCS) (February, 2018)

Dental Provider Data

Indicators	Data	Source	California Data	Source
Total number of dentists	Portola: – Private: 2 – Private/Medi-Cal: 2 (1 no new patients) Blairsden: – Private: 1 Johnsville: – Private: 1 Quincy: – Private: 5 – Private/Medi-Cal: 1 Greenville: – Private/Medi-Cal: 1 Lake Almanor: – Private: 1 Chester: – Private: 1	Plumas County Dentists, Plumas County Public Health Agency (PCPHA)		

	Total: 16 private dentists (4 accept Medi-Cal)			
Number of Federally Qualified Health Centers (FQHCs) providing dental services[3]	– **0 FQHCs (2018)** – **3 Community Health Centers (Eastern Plumas Health Care Dental Clinic and Plumas District Hospital, Rancharia)**	**PCPHA (2018)**	**68% (N=886)**	**Office of Statewide Health Planning and Development (OSHPD) (2013)**
Number of patients who receive dental services at FQHCs	**0 (see above)**	**PCPHA (2018)**	**19.8%**	**Uniform Data System (UDS), Health Center Data and Reporting**
Number of Community Health Worker and Home Visiting Program that provide oral health counseling and care coordination	**2 (PCPHA and Roundhouse Council)**	**PCPHA (2018)**	**NA[4]**	**Developmental**

[3] Bolded indicators denote the California Oral Health Plan Indicators

[4] NA = Not Available

Tobacco cessation counseling in dental offices	**NA**	**NA**	**35.7%**	**2010 Survey of Dental Offices[5]**
Number of payers that implement dental benefit policies and payment strategies that support community-clinical linkage models	**NA**	**NA**	**NA**	**Developmental**

Children (<18 years)/Schools Data

Indicators	Data	Source	California Data	Source
Caries experience – **Kindergarten** – **Third Grade**	**NA**	**NA**	– **53.6%** – **70.6%**	**Survey of Kindergarten and 3rd grade children (2004-05)**
Untreated caries – **Kindergarten** – **Third Grade**	**NA**	**NA**	– **27.9%** – **28.7%**	**Survey of Kindergarten and 3rd grade children (2004-05)**

[5] American Dental Association. 2010 Survey of Dental Practice. Available: https://www.healthypeople.gov/2020/data-source/survey-dental-practice

Indicators	Data	Source	California Data	Source
Children with dental sealant on a molar – **(6-9 years)**	**NA**	**NA**	– **27.6%**	**Survey of Kindergarten and 3rd grade children**
Number of children treated under general anesthesia	**0 (no oral sedation services for children)**	**PCPHA**	– **NA**	**Developmental**
Preventive dental visit in children – **Living in household with income less than 99% of FPL** – **Living in household with income greater than 400% of FPL**	**NA**	**NA**	– **63.3%** – **83.6%**	**National Survey of Children's Health**
Preventive dental visit among Medicaid children (0-20 years)	**NA**	**NA**	– **37.8%**	**Denti-Cal Performance Measure[6]**

[6] Dental Transformation Initiative. Current Medi-Cal 2020 Special Terms and Conditions (STCs). Page 68. http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx

Indicators	Data	Source	California Data	Source
Children under 6 years enrolled in Medi-Cal receiving dental services provided by a non-dentist provider	**NA**	**NA**	– **2.8%**	**Children's Medical Services (CMS) Form 416**
Dental Examinations for Children in Child Protective Services (CPS) – Exam current – Exam missing – Initial exam pending	– 32.4% (12 children) – 62.2% (23 children) – 5.4% (2 children)	Plumas County Social Services CPS dental statistics (February, 2018)		
Head Start Data – # of dental exams – # of children with dental decay – # of children with insurance – # of children who leave with a dental home	Portola: – 100% (33 children) – 12 (4 referred out of the area for hospital dentistry) – 100% (33 children) – 100% (33 children) Quincy:	Sierra Cascade Family Opportunities (SCFO) Plumas County Dental Data (2017-2018)		

Indicators	Data	Source	California Data	Source
	– 100% (17 children) – 2 (1 referred out of the area for hospital dentistry) – 100% (17 children) – 100% (17 children) Plumas Total: – 100% of children have had dental exams – 29% have needed dental treatment (27% in progress; 2% follow-up not occurring)			
Kindergarten Round-Up Report – Physical exams performed – Dental Caries found	– 95 – 44	Kindergarten Round-Up Report 2017 (May 23, 2017)		

Indicators	Data	Source	California Data	Source
Children with Decay – Grades 1-6	– 41% (42/102 children served) (2012) – 23% (38/163 children served) (2015)	Children with Decay, Plumas County Public Health Agency Oral Health Data (2012 and 2015)		
PCPHA School and Preschool Dental Screenings	Insurance Coverage: – Medi-Cal: 66% (127 children) – Private Doctor: 26% (50 children) – No dental: 6% (11 children) – Medi-Cal; Private dental insurance: 2% (3 children) – Unknown: 1% (1 child) – Total: 192 children Oral Screening Results:	PCPHA School and Preschool Dental Screenings July 2017-December 2017		

Indicators	Data	Source	California Data	Source
	– No visible decay: 63% (120 children) – Early decay: 24% (46 children) – Moderate decay: 10% (19 children) – Urgent decay: 4% (7 children) – Total: 192 children Fluoride Treatment: – Received: 92% (176 children) – Did not receive: 8% (16 children) – Total: 192 children			
Eligible for Free or Reduced Priced Meals (FRPM) including short term	1053 total eligible	Plumas Unified-Free and Reduced-Price Meals including short term (2014-2015)		

Indicators	Data	Source	California Data	Source
Students Eligible FRPM	893 total unduplicated	Plumas Unified- Unduplicated Pupil Count of Free Reduced-Price Meals, English Learners & Foster Youth Roster (2014-2015)		
Schools meeting the criteria for low income and high need for a dental program – >50% participation in FRPM (ages 5-17)	– Plumas Co. Community: 100% – Portola Opportunity: 70% – Beckwourth (Jim) High (Continuation): 50% – Plumas Charter: 54.25% – Chester Elementary: 52% – Indian Valley Elementary: 63.41% – C. Roy Carmichael	CDE FRPM Data Version 3.0 (2016-2017)		

Indicators	Data	Source	California Data	Source
	Elementary: 60.17%			

Adults (>18 years old)

Indicators	Data	Source	California Data	Source
Tooth loss – **Ever had a permanent tooth extracted among 35-44 years** – **Complete tooth loss among 65+ years**	**NA**	**NA**	– **38.4% (2014)** – **8.7% (2014)**	**Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control & Prevention (CDC)**
Oral and pharyngeal cancer detected at the earliest stage	**~ (2010-2014)** ***data includes Lassen, Modoc, Plumas**	**Cancer Registry**	**23.2%**	**Cancer Registry**
Pregnant women with dental visit during pregnancy	**NA**	**NA**	**42.1%**	**Maternal and Infant Health Assessment (MIHA)**

People with diabetes who have at least an annual dental visit	**NA**	**NA**	**60.0%**	**BRFSS**

Emergency Room Visits

Indicators	Data	Source	California Data	Source
Emergency Room Visits [for Caries/Periodontal/ Preventative Conditions (CPP)]	**800/100,000 (2012)**	**OSHPD**	**298/100,000 (2012)**	**OSHPD**

Parent Survey: Summary Findings Handout

Online and paper surveys were disseminated to parents at Plumas County preschool and elementary school sites from April 13 to 27 and on May 10 to June 6, 2018. The objectives of the surveys were to identify the oral health status of parents and children, access to dental health care, and parent's knowledge, attitudes, and beliefs on oral health. This handout includes the top-line summary findings of the surveys to assist the Plumas County Oral Health Coalition in identifying priority focus areas for program direction, coordination, and planning.

Section 1. Child Demographic and Oral Health Questions

Category	Summary Findings
Schools Sites	• 30% of children were from preschool sites: Chester State Preschool, FRC Preschool, Greenville Preschool, Portola Head Start, Quincy Head Start, Quincy SDC Preschool (n=71). • 67% of children were from elementary school sites: C. Roy Carmichael Elementary, Chester Elementary, Indian Valley Elementary, Plumas Charter School (Quincy Site), Quincy Elementary School (n=161).
Ages/Grades	• **Preschool:** 80% were 3-5 years old (n=75). • **Elementary:** Good range from grades K-6 (n=203).
Insurance	57% Medi-Cal/Denti-Cal; 37% private (n=296)
Dental Checkup in the last year	89% have had a dental checkup in the last year (n=296). For the children who did not have a dental visit, 74% have Medi-Cal/Denti-Cal insurance (n=34).
Dental Cavities	• **Previous Caries:** 55% have had cavities in the past; 43% of have never had a cavity (n=296).

	• **Current Caries:** 20% currently have cavities; with 15% unsure if their child has a cavity (n=296). 72% of children who currently have cavities have Medi-Cal/Denti-Cal insurance (n=53).
Cleaning/Brushing Teeth/Gums (ages 0-9 years)	49% of parents (with children 0-9 years-old) help clean/brush their child's teeth/gums twice a day; 25% help once a day; 16% help 2-3 times a week; 6% never help their child (n=148).
Frequency and Types of Beverages (Preschool)	56% of preschool children drink out of a bottle or cup "whenever they want," with 10% drinking "only at meals" (n=93). 85% drink water, 65% drink milk, and 56% drink juice, and 8% drink soda (n=93).

Section 2. Parent Demographic and Oral Health Questions

Category	Summary Findings
Knowledge and Beliefs	• Over 80% understood the causes of tooth decay from food and drink; when a child should begin dental care; when a child should stop using a bottle; the uses and benefits of fluoride for infants and children (n=264). • Parents were less confident about the fact that adult who have cavities can pass tooth decay germs to their children (53% true; 30% false; with 16% don't know); and if it was okay to share food or drink with their child (48% said false; 41% true; 10% don't know) (n=264).
Demographics	• Female: 80%; Male 20% (n=188). • Age: 84% between the ages of 25-44 (n=238).
Dental Insurance	45% Medi-Cal; 42% Private; 11% No insurance (n=238).
Dental Home and Dental Checkup	• 83% have a regular dentist; 17% do not (n=239). • 77% have had a dental visit in the last year; 24% have not (n=190).
Dental Checkup in the Last Year	76% have had a dental visit in the last year; 23% have not (n=239).

Un-treated Dental Issues	27% have current un-treated dental issues (n=237). When asked to explain, they discussed experiencing pain and barriers to accessing care (e.g., unable to afford dental care; dentists only fixing one tooth/issue at a time; limited time; and fear of dental treatments).
Attitudes about Oral Health	99% said that their teeth are either "Very Important" or "Important" to them; only 1% said not at all important (n=239).
Involvement in Oral Health Efforts	21% would like to know more or get involved in our local oral health efforts; and 19% were unsure (n=232).

Appendix D. Vision and Guiding Principles Workshop Meeting Outcomes

PLUMAS COUNTY ORAL HEALTH COALITION

MISSION, VISION, GUIDING PRINCIPLES WORKSHOP

March 22, 8:00am – 1:00pm
Plumas Sierra County Fairgrounds, Mineral Building

MEETING RECORD

Attendees: Andrea Huggins, Ann Schuyler, Da Hae Kim, Dana Cash, Ellen Vierra, Dr. Gregory Sawyer, Jessica Coelho, Lois Welch, Tina Venable

Facilitators: Galen Ellis and Jessica Lime, Ellis Planning Associates Inc.

Purpose: The purpose of the session was to gain stakeholder input to develop the Plumas County Oral Health Coalition's Mission, Vision, and Guiding Principles. A secondary aim was to build enthusiasm for a countywide oral health partnership.

Photolanguage: To open the session, participants shared their vision for the future with the aid of images from a deck of photos called Photolanguage. They shared the following:

- Every child has access and treatment (pain free)
- Access, and education for families (all generations)
- Happy healthy children (learning)
- Light at the end of the tunnel. Journey. Stay focused.
- Big shoes to fill – with education and treatment we will grow into our shoes.
- Smiling, dancing child. Sadness now (lack of access) – move towards happy children.
- Not leaving anyone hiding under a rock. No stone unturned.
- Spring, hope, joy – families and children feel that. No more barriers to accessing care. No more clouds.

After reviewing progress on local data collection, the group engaged in small and full group activities to craft the following statements:

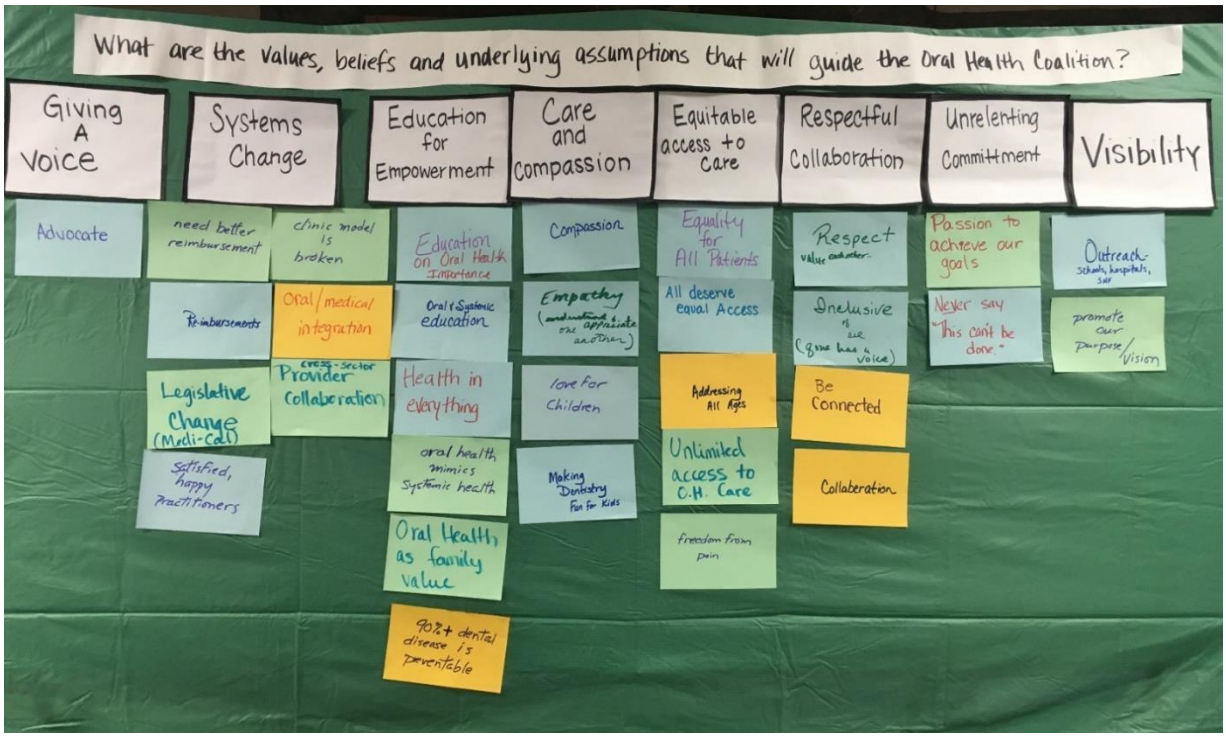
Mission Statement Draft: To improve oral health care by expanding access to appropriate oral health services and oral health promotion and education for all Plumas County.

Vision Draft: All Plumas County residents have comprehensive oral health care and are educated to value and improve oral and systemic health for themselves and generations to come.

Guiding Principles Draft: In a consensus workshop, the group answered the question: What are the values, beliefs and underlying assumptions that will guide the Oral Health Coalition? The results are as follows and drafted into Guiding Principle Statements.

Guiding Principles	Guiding Principle Statements
Giving a Voice.	We advocate for the health of our residents by speaking out for equitable oral health resources and providing tools to community members for self-advocacy.
Systems Change.	We believe that to ensure access to oral health care, legislative and systems change is necessary to not only offer fair reimbursement for services, but for the oral health needs to be integrated more fully into the overall health care system.
Education for Empowerment.	Since 90% of dental disease is preventable, we understand how critical community education is in increasing the health literacy of our residents to empower them to make healthy choices.
Care and Compassion.	We are committed to expanding oral health care access because of our love and compassion for children and their families.
Equitable Access to Care.	We believe oral health care is a right for residents and access must be ensured for anyone, regardless of socio-economic status.
Respectful Collaboration.	Our Coalition is inclusive. We respect and encourage everyone's voice and participation. We believe that only through collaboration can we make an impact on the health of the community.
Unrelenting Commitment.	We are passionate about achieving our goals and will never say "this can't be done."

Visibility.	To promote our purpose and vision, we commit to being highly visible in our community's institutions and neighborhoods.



Bike Rack items:

- Include OB/Med. Providers in coalition, including geriatric skilled nurses and nursing aids.
- Integrate oral health into every health and social service (Strategy idea)
- Reduce disparities (including underserved/vulnerable in goals and objectives without calling out)

PLUMAS COUNTY ORAL HEALTH COALITION

STRATEGIC DIRECTIONS WORKSHOP

May 10, 8:30am – 1:00pm
Plumas Sierra County Fairgrounds, Mineral Building

MEETING RECORD

Attendees: Andrea Huggins, Ann Schuyler, Dana Cash, Ellen Vierra, Dr. Gregory Sawyer, Jessica Coelho, Lois Welch, Tina Venable

Facilitators: Galen Ellis and Jessica Lime, Ellis Planning Associates Inc.

Purpose: The purpose of the session was to gain stakeholder input to identify the Plumas County Oral Health Coalition's Strategic Directions. A secondary aim was to promote participant buy-in and commitments to priority directions for the Coalition.

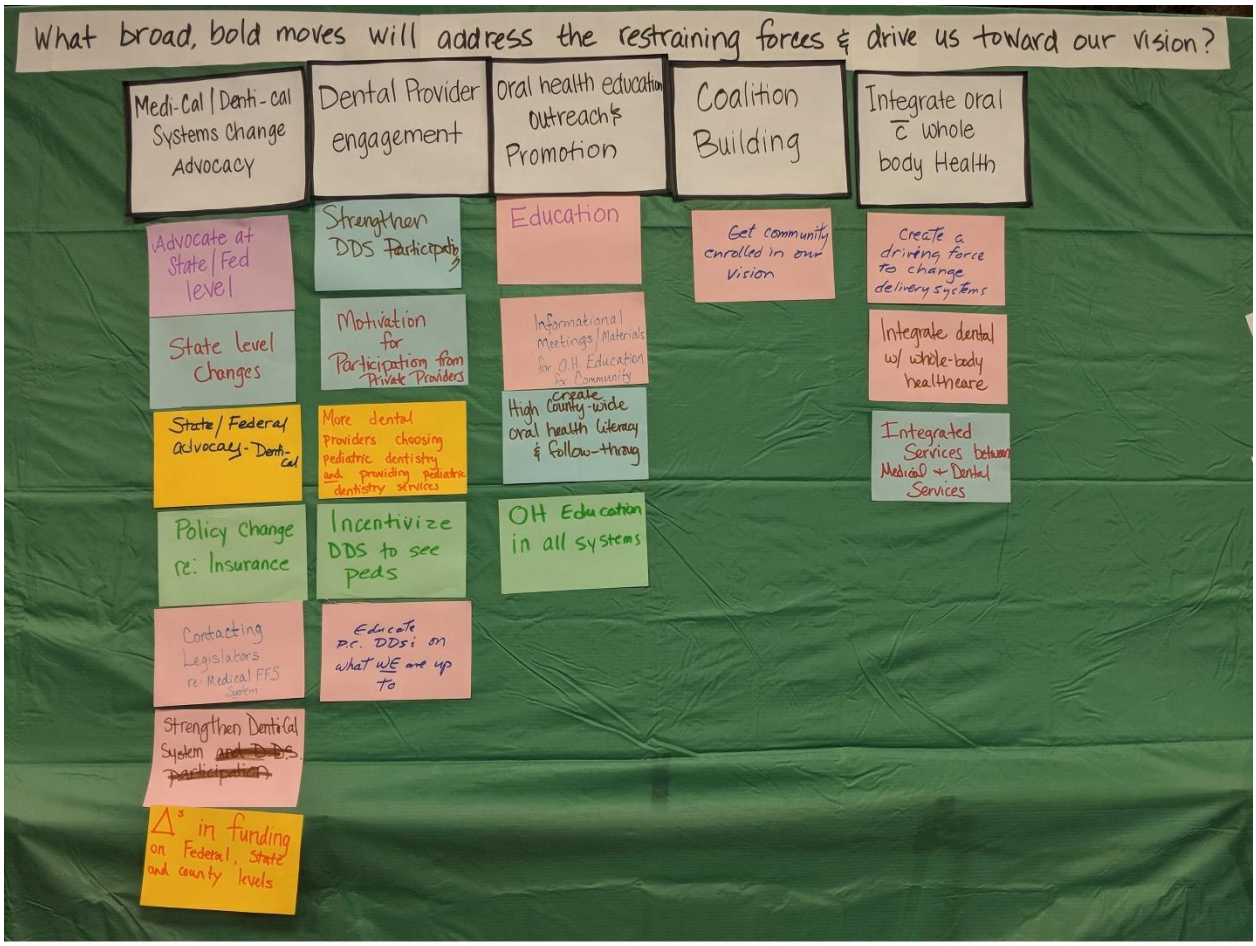
Force Field Analysis: After reviewing the updates to the Stakeholders Perspectives Summary (derived from stakeholder interviews) and the Plumas County Data Map, the Coalition identified and prioritized the following key driving and restraining forces affecting the ability to achieve its vision (in priority order):

Driving Forces	Resisting Forces
6. **Existing Oral Health Education & Outreach Programs** 7. **Existing Home Visiting & Case Management Programs** 8. **Local DDS Champion (Dr. Sawyer)** 9. **Collaborative Relationships**	7. Medi-Cal Fee-For-Service System 8. Limited Access to Medi-Cal/Denti-Cal Providers 9. Lack of Integration of Health and Oral Health 10. No Oral Sedation Services for Children 11. Lack of Pediatric Dentists

10. **Screening & Varnish Programs**	12. Apathy of Parents

Bold Moves (i.e. Strategic Directions): In a consensus workshop, the group answered the question: What broad, bold moves will address the restraining forces and drive us toward our vision? As a result, the group identified the following five "Bold Moves:"

1. Medi-Cal/Denti-Cal Systems Change Advocacy
2. Dental Provider Engagement
3. Oral Health Education, Outreach & Promotion
4. Coalition Building
5. Integration of Oral with Whole Body Health



Strategies and Indicators: Finally, the group worked in pairs to describe the key forces impacting each bold move/strategic direction and identify potential strategies and indicators for each. These ideas will later be incorporated into the Oral Health Program Logic Model:

Bold Move/Strategic Direction	Key Forces	Potential Strategies	Potential Indicators
Medi-Cal/Denti-Cal Systems Change Advocacy	• Unconcerned legislators (continue to cut medical/dental funding, budget constraints) • "Who's in charge?" Who to contact? • Lack of knowledge of constituents that could influence legislators • PC OH Coalition • Community participation • Collaborative relationships, including medical providers	• Make PC OH Coalition known • Appearances at the State/make contacts with representatives • Educate public on efforts and how to be involved (bi-partisan) • Vote	• Legislator involvement • Increases in Medi-Cal reimbursement rates • Increase in number of providers who accept Medi-Cal • Increase in positive oral health outcomes • Increase in constituent involvement in the issue
Dental Provider Engagement	• Dentist advocate to reach out to other dental providers (Dr. Sawyer)	• Organize meeting of community dental providers	• 50% participation of dental providers attending meetings

Bold Move/Strategic Direction	Key Forces	Potential Strategies	Potential Indicators
	• Low rates of reimbursement to providers • Time availability of providers to be involved in coalition goals • Dentists not willing to work on children • Large pool of private dentists to provide services (for a small community)	• Contact/influence state decision makers • Schedule convenient times for provider participation • Educate dental providers on coalition goals & provide a menu of flexible services/ideas on how they can be involved • Incentives • Increase funding/reimbursement rates • Provide specialized trainings with CEs	• Involvement of decision-makers to effect change in rates of reimbursement • Increase in number of dentists collaborating with health providers • Number of dentists participating in community-based dental health • Pro bon services
Oral Health Education, Outreach & Promotion	• Existing programs and services • Collaborative relationships • Local DDS champion • Low oral health literacy • Apathy of parents • Funding	• Oral health education for medical professionals, teachers, etc. • Increase dental provider participation utilizing dental champion	• Increase in program and provider participation in oral health issues • Parents value the importance of their own oral health (increase in parents accessing services)

Bold Move/Strategic Direction	Key Forces	Potential Strategies	Potential Indicators
	• Lack of integration of oral health & whole-body health • Talent within the coalition (educators)	• Outreach and education to specific community programs (i.e. tobacco cessation, nutrition education, schools, CBOs (e.g. PRS, PCIRC) • Outreach and education to medical providers to integrate oral health • Media/outreach plan for coalition • More opportunities for non-dental providers to learn more about oral health • Printed materials, events • CEU courses for dental/medical providers (could get help with funding?) • In school course work required – new standards re. whole-body	• More participation of private dentists

Bold Move/Strategic Direction	Key Forces	Potential Strategies	Potential Indicators
Coalition Building	• Resistance to attending meetings • Recruiting/retaining members • Lack of engagement among providers, community organizations, government and individuals • Resistance to change • Over commitment of time • Funding • Collaborative relationships • Committed professionals • Change (we can do it!) • Positive outcomes	• Community engagement • Results driven – show/share successes • Increase funding • Recruit new coalition members and participants • Identify local community dental champions • Media outreach • Clear definition of goals of coalition • Demonstrating purpose	• Increase in membership • More dentists treating all children • Media presence • Increase in county oral health funding • See results and can measure • Increase in people accessing services • Involvement • Coalition goals are realized via increased engagement
Integration of Oral with Whole Body Health	• Buy-in from practitioners and hospitals • Lack of education	• Educate all providers – provider ed at all levels • Connecting force between dental/medical systems	• Number of dental provider referrals/follow-through • Number of children who visit a dentist by the age of one

Bold Move/Strategic Direction	Key Forces	Potential Strategies	Potential Indicators
	• Apathy of medical and dental providers to incorporate change • Medical/dental school • Insurance companies • Education i.e.: prenatal, nutrition, tobacco cessation, systemic health purpose • Willingness to participate	• Oral health with well-child check-ups • Oral health with obstetrics • Educate dental provider on OB check-ups and treatment • Create more unison between MDs and dentists	• Number of parents who understand the importance of integration of medical/dental • Number of doctors who refer young patients to dentists early • Number of OB referred and received oral health services.

Bike Rack items:

- Survey private practice dentists for interest/ability to participate and document assets
- Better integration of nutrition